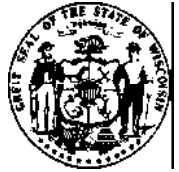




STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BARBERING AND COSMETOLOGY EXAMINING BOARD



APPRENTICE TRAINING RECORD CERTIFICATION

This certification must be completed if the applicant completed the required training as an apprentice. The certification must be completed by the manager of record in the establishment where the apprenticeship was served.

I do hereby certify that _____ Permit # _____
(Applicant's Name)

was trained as an apprentice at this establishment under my supervision

from _____ to _____ for a total of _____ hours.

I, _____, Manager of Record, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager
Certificate
Number

Signature

Date

LICENSED BARBERING & COSMETOLOGY ESTABLISHMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTABLISHMENT LICENSE #: _____